## **Statement of Contributions Received** at a Social or Fund-Raising Event Prescribed by Secretary of State 03/05

Event Date	10/14/09
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Name of Committee in Full Citizens for Mingo			
Full Name of Contributor			Registration Number, if PAC
N Victor Goodman			registration runner, it is
Street Address 7482 King George Dr	Employer/Occupation/Labor Organization*		M D Y Amount \$150.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) Check
Full Name of Contributor Kathy Eshelman			Registration Number, if PAC
Street Address	E-m-loves/Occupat	ion// obor Organization*	M D Y Amount
6891 Muirfield Dr	Employer/Occupation/Labor Organization*		1 0 1 5 0 9 \$20.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Dublin	OH	43017	Cash
Full Name of Contributor			Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor			Registration Number, if PAC
Total Employee Contributions From Form 31-G			,
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount \$3,120.00
City	Sta te OH	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor			Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor			Registration Number, if PAC
Street Address	Employer/Occupat	ion/Labor Organization*	M D Y Amount
City	OH State	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor			Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
City	Sta te OH	Zip Code	Form (Cash, Check, etc.)
* Required for contributions from individuals over \$100 to stath the individual's business, if any, rather than employer should	tewide and General Asso be listed. If two or more	embly candidates. If contribute via pay	tor is self-employed, the occupation and the name of yroll deduction and exceed the aggregate of \$100, the

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event	Total expenditures this event.
\$7,415.00	\$435.14

\$3,290.00 Page Total \$

labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]